

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90019 019 \*\*\*150.00

**DOCUMENT # P02000008524**

1. Entity Name  
**SANDERS TRUCKING, INC.**



Principal Place of Business  
**515 11TH ST. DR WEST  
PALMETTO, FL 34221**

Mailing Address  
**515 11TH ST. DR WEST  
PALMETTO, FL 34221**

**94025502**



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2534329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

~~BARRETT, MICHAEL  
515 11TH ST. DR WEST  
PALMETTO, FL 34221~~

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	BARRETT, MICHAEL
STREET ADDRESS	515 11TH ST. DR WEST
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	D
NAME	BARRETT, MICHAEL
STREET ADDRESS	515 11TH ST. DR WEST
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	President
NAME	Mose Sanders
STREET ADDRESS	515 11th St. Dr. W.
CITY - ST - ZIP	Palmetto Fla 34221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

**SIGNATURE:** *Mose Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-29-04 941-224-2835*

Date

Daytime Phone #